

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Lima

District of _____

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

County Registrar No. _____

Local Registrar No. 248

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Still Born { If child is not yet named, make supplemental report, as directed.

3. Sex of Child ♂ To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Nov 18 - 26 Month Day Year

8. FATHER Full name Glenn Wallman

14. MOTHER Full maiden name Flora Thulo

9. Residence (Usual place of abode) Pioneer Road If non-resident, give place and state.

15. Residence (Usual place of abode) Pioneer Road If non-resident, give place and state. Gulato.

10. Color or race W 11. Age at last birthday 25 (Years)

16. Color or race W 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Ariz (State or country)

18. Birthplace (city or place) Okla. (State or country)

13. Occupation Rancher Nature of industry

19. Occupation Housewife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2 a m. on the date above stated (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature R. D. Kennedy (Physician or midwife) Address Globe

Given name added from a supplemental report _____ Filed 11-30 1926 W. W. Hunt Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

065-1118-6361